

**DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION
(37 CFR 1.63) and POWER OF ATTORNEY**

- ☒ Declaration Submitted with Initial Filing
OR
☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required)

Attorney Docket Number: n/a

First Named Inventor: Cravaack

COMPLETE IF KNOWN

Application Number: _____

Filing Date: _____

Group Art Unit: _____

Examiner Name: _____

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter that is claimed and for which a patent is sought on the invention entitled:

APPARATUS FOR SUPPORTING MILK EXTRACTION DEVICES

the specification of which

☒ is attached hereto

OR

☐ was filed on _____ as United States Application Number or PCT International Application Number
_____ and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to the patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s)	Priority Not Claimed	Certified Copy Attached?
_____ (Number) (Country) (Foreign Filing Date)	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ (Number) (Country) (Foreign Filing Date)	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ (Number) (Country) (Foreign Filing Date)	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

_____ (Application Number)	_____ (Filing Date)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
_____ (Application Number)	_____ (Filing Date)	

DECLARATION – Utility or Design Patent Application
and POWER OF ATTORNEY

As a below-named inventor, I hereby appoint the registered practitioners named below as my/our attorney(s) or agent(s) to prosecute this application, and to transact all business in the Patent and Trademark Office connected therewith:

Lisa A. Brzycki, Reg. No. 40,926

Direct all telephone calls to **Lisa A. Brzycki** at telephone number (414) 276-0977, facsimile number (414) 276-0982.

Direct all correspondence to: **Lisa A. Brzycki**
610 North 77th Street
Wauwatosa, Wisconsin 53213

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first & middle [if any]) and Family Name or Surname: Traci Cravaack

Inventor's Signature: _____ Date: _____

Residence (city, state, country): Brooklyn Park, MN, USA Citizenship: USA

Mailing Address: 8825 Stratford Crossing

(city, state, zip, country): Brooklyn Park, MN 55443, USA

Full name of Second Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first & middle [if any]) and Family Name or Surname: Catherine Luciano

Inventor's Signature: Catherine Luciano Date: 8/1/01

Residence (city, state, country): Boca Raton, FL, USA Citizenship: USA

Mailing Address: 2413 NW 49th Lane

(city, state, zip, country): Boca Raton, FL 33431, USA

Full name of Third Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first & middle [if any]) and Family Name or Surname: Laurie Zanotti

Inventor's Signature: Laurie A. Zanotti Date: 8/1/01

Residence (city, state, country): Hartland, WI, USA Citizenship: USA

Mailing Address: W293 N6728 Cheryl Lane

(city, state, zip, country): Hartland, WI, 53029, USA

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As a below-named inventor, I hereby appoint the registered practitioners named below as my/our attorney(s) or agent(s) to prosecute this application, and to transact all business in the Patent and Trademark Office connected therewith.

LISA A. BRZYCKI, REG. NO. 40,926

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610 North 77th Street
Wauwatosa, WI 53213

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first & middle (if any)) and Family Name or Surname: Traci Groszack

Inventor's Signature: Traci Groszack

Date: 7/31/01

Residence (city, state, country): Brooklyn Park, MN, USA

Citizenship: USA

Mailing Address: 8826 Stamford Crossing

(city, state, zip, country): Brooklyn Park, MN 55443, USA

Full name of Second Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first & middle (if any)) and Family Name or Surname: Catherine Luciano

Inventor's Signature: _____

Date: _____

Residence (city, state, country): Boca Raton, FL, USA

Citizenship: USA

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Full name of Third Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first & middle (if any)) and Family Name or Surname: Laune Zanotti

Inventor's Signature: _____

Date: _____

Residence (city, state, country): Hartland, WI, USA

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Mailing Address: W283 N5728 Cheryl Lane

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